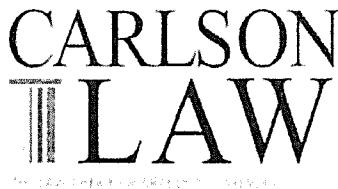


ATTORNEYS
BRADLY A. CARLSON, LLC
CYNTHIA FRANKLIN, LLC
D. MICHAEL ELLIOT
ELLIOT JACKSON, LLC



645 G STREET, SUITE 100 #558
ANCHORAGE, AK 99501
T: 907.577.8111 F: 907.917.2075
www.bcarlsonlaw.com

December 30, 2020

Via Email

Alcohol.licensing@alaska.gov

AMCO
Alcohol Licensing Team
550 W. 7th Ave Ste 1600
Anchorage, Alaska 99501

Re: *NOV List for AB-17 Renewal Application- 2020*
License 882- Klondike Pizzeria, LLC

Dear Alcohol Licensing Team:

In supplementation of our AB-17 renewal form for License 822, this is a list of NOV's issued against this license during 2019 and 2020:

1. 20-175- Lack of signage. This NOV was resolved.

Respectfully,

THE LAW OFFICE OF BRADLY A. CARLSON, L.L.C.
ATTORNEY FOR ELLIOT JACKSON

A handwritten signature in cursive script, appearing to read "Cynthia Franklin".

Cynthia Franklin

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/12/2021

ABC BOARD

LIQUOR LICENSE

2021 - 2022

822

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1104

CITY / BOROUGH: Seward
Kenai Peninsula Borough

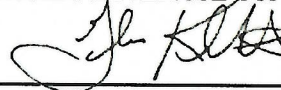
D/B/A: Seasalt, Alaskan Bar & Grill
133 4th Avenue, Seward, AK 99664

Mail Address:
Klondike Pizzeria II LLC
1120 E. Huffman 24 PMB 416
Anchorage, AK 99515

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

☐ Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/12/2021

ABC BOARD

LIQUOR LICENSE

2021 - 2022

822

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Seward
Kenai Peninsula Borough

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

☐ Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

D/B/A: Seasalt, Alaskan Bar & Grill
133 4th Avenue, Seward, AK 99664

Mailing Address:
Klondike Pizzeria II LLC
1120 E. Huffman 24 PMB 416
Anchorage, AK 99515

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 9/09)



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Seasalt, Alaskan Bar & Grill	License Number:	822
License Type:	Beverage Dispensary		
Examiner:	Kristina S.	Transaction #:	100030986

Document	Received	Completed	Notes
AB-17: Renewal Application	12/30	4-12-2021	
App and License Fees	12/29	4-12-2021	Receipt says 12/9. Most likely 12/30 and my typo

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:	
--------------------	--

	Yes	No
Selling alcohol in response to written order (package stores)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mailing address and contact information different than in database (if yes, update database)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LGB 1 Response: City of Seward

LGB 2 Response: Kenai Peninsula Borough

☐

Waive

☐

Protest

☐

Lapsed

☐

Waive

☐

Protest

☐

Lapsed

NOV



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Establishment Contact Information

Licensee (Owner):	Klondike Pizzeria II, LLC	License #:	822
License Type:	Beverage Dispensary License		
Doing Business As:	Seasalt, Alaskan Bar & Grill		
Premises Address:	133 4th Avenue, Seward AK		
Local Governing Body:	Kenai Peninsula Borough, City of Seward <i>ES</i>		
Community Council:			

If your mailing address has changed, write the NEW address below:

Mailing Address:					
City:		State:		ZIP:	

Section 1 – Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Charles E. Jackson	Contact Phone:	907-250-2541
Contact Email:	railwaycantina@yahoo.com		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	Cindy Franklin	Contact Phone:	907-830-0707
Contact Email:	cindy@bcarlsonlaw.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	10038727
-----------------------	----------

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- **Corporations** of any type *including non-profit* must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- **Limited Liability Corporations**, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- **Partnerships** of any type, *including Limited Partnerships* must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. **If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.**

Name of Official:	ZPA LLC (Entity Number 10011858)				
Title(s):	Member <i>ES</i>	Phone:		% Owned:	100
Mailing Address:	PO BOX 2284, SEWARD, AK 99664				
City:	Anchorage	State:	AK	ZIP:	99515

Name of Official:	Charles E. Jackson				
Title(s):	Manager <i>ES</i>	Phone:	907-250-2541	% Owned:	0 <i>ES</i>
Mailing Address:	1120 E. Huffman 24 PMB 416				
City:	Anchorage	State:	AK	ZIP:	99515

Name of Official:	Toni Strauss				
Title(s):	Manager <i>ES</i>	Phone:	907-575-5354	% Owned:	0 <i>ES</i>
Mailing Address:	120 E. Huffman 24 PMB 416				
City:	Anchorage	State:	AK	ZIP:	



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – License Operation

Check **ONE BOX** for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2019 | 2020 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)
<i>If your operation dates have changed, list them below:</i>
_____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
<i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendar years. <i>A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

Section 5 – Violations and Convictions

Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

DEC 30 2020



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 6 – Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

DocuSigned by:
Charles E. Jackson
Signature of licensee
Charles E. Jackson, Jr.
Printed name of licensee

NOTARY PUBLIC
HeatherAn Hemenway
STATE OF ALASKA
My Commission Expires October 6, 2023

Signature of Notary Public
My commission expires: February 6, 2023

Subscribed and sworn to before me this 30th day of December, 2020.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

Recreational Site applications must include a completed Recreational Site Statement

Tourism applications must include a completed Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>2800</u>

[State of Alaska](#) / [Commerce](#) / [Corporations, Business, and Professional Licensing](#) / [Search & Database Download](#) / [Business License](#) / License #1063500

LICENSE DETAILS

License #: 1063500

[Print Business License](#)

Business Name: SEASALT, ALASKAN GRILL & BAR

Status: Active

Issue Date: 12/14/2017

Expiration Date: 12/31/2021

Mailing Address: 1120 E HUFFMAN 24 PMB 416
ANCHORAGE, AK 99515

Physical Address: 133 4TH AVENUE
SEWARD, AK 99664

Owners

KLONDIKE PIZZERIA II LLC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

Start Date	End Date
1/1/2020	1/26/2020

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**

[State of Alaska](#) / [Commerce](#) / [Corporations, Business, and Professional Licensing](#) / [Search & Database Download](#) / [Corporations](#) / Entity Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Klondike Pizzeria II LLC

Entity Type: Limited Liability Company

Entity #: 10038727

Status: Good Standing

AK Formed Date: 5/24/2016

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Entity Physical Address: 133 4TH AVENUE, SEWARD, AK 99664

Registered Agent

Agent Name: Toni Strauss

Registered Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Registered Physical Address: 308 ASH STREET, SEWARD, AK 99664

Officials

Show Former (None on file)

AK Entity #	Name	Titles	Owned
	Charles E Jackson	Manager	
	Toni Strauss	Manager	
10011858	ZPA LLC	Organizer, Member	100.00

Filed Documents

Date Filed	Type	Filing	Certificate
5/24/2016	Creation Filing	Click to View	Click to View
7/07/2016	Correction	Click to View	Click to View
7/12/2016	Initial Report	Click to View	
3/28/2018	Biennial Report	Click to View	
3/08/2020	Biennial Report	Click to View	

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